

CLAIMS ONLY							Application Number 09 714477	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1								
2								
3								
4								
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16								
17								
18								
19								
20								
21								
22	1							
23		1						
24			1					
25				1				
26					1			
27						1		
28							1	
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44								
45								
46								
47								
48								
49								
50								
Total Indep								
Total Depend	1							
Total Claims	8							